

01712

MARYLAND

STATE DEPARTMENT OF HEALTH

1740

CERTIFICATE OF DEATH

Reg. Dist. No. 110

1. PLACE OF DEATH COUNTY <u>Dorchester</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Dor.</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Rhodesdale</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Rhodesdale</u>	
TOWN <u>Rhodesdale</u>		TOWN <u>Rhodesdale</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) (First) <u>George</u> (Middle) <u>Edmund</u> (Last) <u>Adshead</u>		4. DATE OF DEATH (Month) <u>2</u> (Day) <u>12</u> (Year) <u>1956</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED <u>Married</u>		8. DATE OF BIRTH <u>11/15/1839</u>	
9. AGE last birthday <u>86</u> yrs.		10. If under 1 year Months Days If under 24 hrs. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
<u>Self Contractor (Ret. Cox Bureau)</u>		<u>England</u>	
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
<u>England</u>		<u>U.S.A.</u>	
13. FATHER'S NAME <u>George E. Adshead</u>		14. MOTHER'S MAIDEN NAME <u>Lenna Turner</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	
<u>(If year, give war or dates of service)</u>			
17. INFORMANT AND ADDRESS <u>Lawrence Adshead</u> <u>East New Market, Md.</u>		18. MEDICAL CERTIFICATION	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH	
422.1 Immediate cause (a) <u>Chronic Myocardial Degeneration</u>		<u>10 yrs +</u>	
Antecedent cause(s) (b) <u>General Arteriosclerosis</u>		<u>10 yrs +</u>	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	
		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>1945</u> , to <u>1956</u> , that I last saw the deceased alive on <u>Feb. 10</u> , 19 <u>56</u> , and that death occurred at <u>6:00 A.M.</u> , from the causes and on the date stated above.			
SIGNATURE <u>W. Harrison</u> (Degree or title) <u>MD</u>		ADDRESS <u>Hurlock Md.</u>	
DATE SIGNED <u>2/14/56</u>			
23. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		DATE <u>2/14/56</u>	
NAME OF CEMETERY OR CREMATORY <u>East New Market</u>		LOCATION (City, town, or county) <u>East New Market, Md.</u>	
DATE REC'D BY LOCAL REG. <u>Feb 14-1956</u>		REGISTRAR'S SIGNATURE <u>Charles W. Hastings</u>	
		24. FUNERAL DIRECTOR <u>Keith S. Tilloughby</u>	
		ADDRESS <u>East New Market, Md.</u>	

MARGIN RESERVED FOR BINDING

RECEIVED
FEB 23 1956
BUREAU V. S.

1729 CERTIFICATE OF DEATH

Reg. Dist. No. 172

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Dorchester</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Dorchester</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Cambridge</u>		LENGTH OF STAY (in this place) <u>1 day</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Cambridge</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Cambridge Md. Hospital</u>				STREET ADDRESS (If rural give location) <u>417 Henry Street</u>			
3. NAME OF DECEASED: (First) (Middle) (Last) <u>CHARLES LEE BRANNOCK</u>				4. DATE (Month) (Day) (Year) OF DEATH: <u>2</u> <u>14</u> <u>1956</u>			
5. SEX: <u>Male</u>	6. COLOR OR RACE: <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) <u>Married</u>	8. DATE OF BIRTH: <u>Oct. 6, 1896</u>	9. AGE last birthday <u>59</u> yrs.	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>Ins. Agent</u>		10B. KIND OF BUSINESS OR INDUSTRY: <u>Life Insurance</u>		11. BIRTHPLACE (State or foreign country): <u>Dorchester County, Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME: <u>EE Edgar Brannock</u>				14. MOTHER'S MAIDEN NAME: <u>Annie Brerewood West</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>214-07-7197</u>		17. INFORMANT & ADDRESS: <u>Mrs. Dessie Brannock Cambridge, Md.</u>			
18. MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE <u>Shock</u>							
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.							
(A) DUE TO <u>Multiple infarcts - Spleen, Brain, Kidneys</u>							
(B) DUE TO <u>Arteriosclerosis (marked) aorta</u>							
(C) DUE TO <u>Coronary artery thrombosis</u>							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION: <u>2</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (City or town) INJURY OCCUR?		(County) (State)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work at work		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>10:10</u> , 19 <u>56</u> , to <u>4:14</u> , 19 <u>56</u> that I last saw the deceased alive on <u>2:14</u> , 19 <u>56</u> , and that death occurred at <u>10:30</u> M, from the causes and on the date stated above.							
SIGNATURE <u>W. J. Jones</u>		ADDRESS <u>Cambridge, Md.</u>		DATE SIGNED <u>4/15/56</u>		M. D.	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>2-17-56</u>		NAME OF CEMETERY OR CREMATORY <u>Dorchester Memorial Park</u>		LOCATION (City, town, or county) (State) <u>Cambridge Dorchester, Md.</u>	
DATE REC'D BY LOCAL REGISTRAR <u>Feb. 16, 1956</u>		REGISTRAR'S SIGNATURE <u>W. J. Jones</u>		24. FUNERAL DIRECTOR <u>LeCompte Funeral Service</u>		ADDRESS <u>Cambridge, Md.</u>	

MARGIN RESERVED FOR BINDING

BUREAU V. F.

FEB 20 1956

RECEIVED

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1730 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Dorchester</u>		MARYLAND		STATE <u>Maryland</u> COUNTY <u>Dorchester</u>			
CITY (If outside corporate limits, write RURAL OR and give nearest town) <u>Cambridge</u>		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Cambridge</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>84 Washington St</u>				STREET ADDRESS (If rural give location) <u>84 Washington St</u>			
3. NAME OF DECEASED: (First) (Middle) (Last)				4. DATE (Month) (Day) (Year) OF DEATH: <u>Feb 12 19 56</u>			
<u>John Edward Burres</u>							
5. SEX: <u>Male</u>	6. COLOR OR RACE: <u>Negro</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>Widowed</u>	8. DATE OF BIRTH: <u>March 18, 1872</u>	9. AGE last birthday <u>73</u> yrs.	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>None</u>		10B. KIND OF BUSINESS OR INDUSTRY: <u>None</u>		11. BIRTHPLACE (State or foreign country): <u>Dorchester County, Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME: <u>Samuel Burres</u>				14. MOTHER'S MAIDEN NAME: <u>Caroline Jenkins</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT & ADDRESS: <u>Elenor Seymor, Cambridge, Md</u>			
18. MEDICAL CERTIFICATION							INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
<u>4/20.0</u>							
IMMEDIATE CAUSE (A) <u>Cardiac Decompensation</u>							
ANTECEDENT CAUSE (B) <u>Arteriosclerotic Heart Disease</u>							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION: <u>0</u>		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Aug. 29, 1953</u> , to <u>Feb. 12 1956</u> that I last saw the deceased alive on <u>Feb. 12, 1956</u> , and that death occurred at <u>6 AM</u> , from the causes and on the date stated above.							
SIGNATURE <u>J. Edwin Fassett</u>		M. D. <u>227 Pine St-Camb., Md.</u>		DATE SIGNED <u>-2-15-56</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>2/17/1956</u>		NAME OF CEMETERY OR CREMATORY <u>Crapo Cemetery</u>		LOCATION (City, town, or county) (State) <u>Crapo, Maryland</u>	
DATE REC'D BY LOCAL REGISTRAR <u>Feb. 14, 1956</u>		REGISTRAR'S SIGNATURE <u>John H. H.</u>		24. FUNERAL DIRECTOR <u>H.M. St. Clair, Jr.</u>		ADDRESS <u>Cambridge, Md.</u>	

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. 3

FEB 20 1956

RECEIVED

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1731

01715 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 116

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Dorchester</u>		MARYLAND		STATE <u>Md.</u>		COUNTY <u>Dorchester</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Cambridge</u>		LENGTH OF STAY (in this place)		CITY (If outside corporate limits write RURAL and give nearest town) TOWN <u>Cambridge</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Cambridge Md. Hospital</u>				STREET ADDRESS (If rural, give location) <u>62 Park Lane</u>			
3. NAME OF DECEASED: (First) <u>Percy</u> (Middle) <u>Cephas</u> (Last) <u>Cephas</u>				4. DATE OF DEATH (Month) <u>Feb.</u> (Day) <u>16,</u> (Year) <u>19 56</u>			
5. SEX: <u>Male</u>	6. COLOR OR RACE: <u>Negro</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>Married</u>	8. DATE OF BIRTH: <u>April 6, 1912</u>	9. AGE last birthday: <u>43</u> yrs.	IF UNDER 1 YEAR Months <u> </u> Days <u> </u>		IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY: <u>Oystering</u>		11. BIRTHPLACE (State or foreign country): <u>Dorchester County, Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME: <u>Edgar Cephas</u>				14. MOTHER'S MAIDEN NAME: <u>Nora Pritchett</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <u>NO</u> (If Yes, give war or dates of service)		16. SOCIAL SECURITY No.: <u>217-10-2102</u>		17. INFORMANT & ADDRESS: <u>Willie Cephas: Cambridge, Md.</u>			
18. MEDICAL CERTIFICATION							
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:						INTERVAL BETWEEN ONSET AND DEATH	
<u>331X</u> Immediate cause (a) <u>Cerebral Hemorrhage</u> DUE TO Antecedent cause(s) (b) <u> </u> Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last (c) <u> </u>						<u>24 hrs.</u>	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION: <u>0</u>		19b. MAJOR FINDING OF OPERATION:				20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY		21c. (City or town) (County) (State)			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and find that death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> . SIGNATURE <u>John H. Hays</u> CHIEF MEDICAL EXAMINER <input type="checkbox"/> DATE SIGNED <u>2/20/56</u> M. D. DEPUTY MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAM. <input type="checkbox"/>							
23. BURIAL, CREMATION, REMOVAL (Specify): <u>Burial</u>		DATE THEREOF <u>2/20/56</u>		NAME OF CEMETERY OR CREMATORY <u>Brush Cemetery</u>		LOCATION (City, town, or county) (State) <u>Dorchester Md.</u>	
DATE REC'D BY LOCAL REG. <u>Feb. 16 1956</u>		REGISTRAR'S SIGNATURE <u>John Hays M.D.</u>		24. FUNERAL DIRECTOR <u>H.M. St. Clair</u>		ADDRESS <u>Cambridge, Md.</u>	

BUREAU V. S.

APR 11 1950

RECEIVED

1741 CERTIFICATE OF DEATH

Reg. Dist. No. 110

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Dorchester	MARYLAND	STATE Maryland	COUNTY Dorchester
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Hurlock - Rural	LENGTH OF STAY (in this place) Life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hurlock - Rural	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harrison Ferry		STREET ADDRESS (If rural give location) Harrison Ferry	
3. NAME OF DECEASED:		4. DATE (Month) (Day) (Year)	
(First) Nellie	(Middle) Burke	(Last) Christopher	
5. SEX: Female		6. DATE OF BIRTH: October 4, 1886	
7. COLOR OR RACE: White		8. AGE last birthday: 69 yrs.	
9. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed		10. IF UNDER 1 YEAR: Months Days Hours Min.	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework		12. BIRTHPLACE (State or foreign country): Dorchester Co., Maryland	
13. FATHER'S NAME: Robert H. Conway		14. MOTHER'S MAIDEN NAME: Jennie Medford	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT & ADDRESS: Maragert R. Simpson, Hurlock, Md., R.F.D.		18. MEDICAL CERTIFICATION	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (A) Coronary Thrombosis		1 hr.	
ANTECEDENT CAUSE (B) Hypertension & Chronic Myocarditis		10 yrs.	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, STATING UNDERLYING CAUSE LAST. (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION: 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21C. WHERE DID (City or town) (County) (State)		21D. TIME (Month) (Day) (Year) (Hour)	
21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 6/1, 1955 , to 2/12, 1956 that I last saw the deceased alive on 2/12, 1956 , and that death occurred at 7:15PM , from the causes and on the date stated above.			
SIGNATURE Frank M. Anderson		ADDRESS Federalsburg, Md.	
DATE SIGNED 2/14/56			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF Feb. 16, 1956	
NAME OF CEMETERY OR CREMATORY Saint Paul Cemetery		LOCATION (City, town, or county) (State) Hurlock, Maryland, R.F.D.	
DATE REC'D BY LOCAL REGISTRAR Feb 16 - 1956		REGISTRAR'S SIGNATURE Charles H. Harrison	
24. FUNERAL DIRECTOR J.J. Frampton and Son, Federalsburg, Md.		ADDRESS	

RECEIVED

FEB 28 1956

BUREAU V. E.

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INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1742 CERTIFICATE OF DEATH

01717

Reg. Dist. No. 116

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Dorchester</u>		STATE <u>Delaware</u> COUNTY		CITY (If outside corporate limits, write RURAL and give nearest town)		CITY (If outside corporate limits, write RURAL and give nearest town)	
OR TOWN <u>Cambridge</u>		LENGTH OF STAY (in this place) <u>19 Days</u>		OR TOWN <u>Middle Town</u>		STREET ADDRESS (If rural give location)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Eastern Shore State Hosp</u>				STREET ADDRESS			
3. NAME OF DECEASED (Type or Print) <u>James Fletcher Conner</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 20 19 56</u>			
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Dec 15 18 70</u>	
9. AGE last birthday <u>85</u> yrs.		10. IF UNDER 1 YEAR Months Days		11. IF UNDER 24 HRS Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>DIRT</u>		11. BIRTHPLACE (State or foreign country) <u>Del</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>							
13. FATHER'S NAME <u>JOSEPH B. CONNOR</u>				14. MOTHER'S MAIDEN NAME <u>RACHEL SHAHAN</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) <u>NO</u>				16. SOCIAL SECURITY NO. <u>NO</u>			
17. INFORMANT & ADDRESS <u>Hosp Rec'ds Cambridge Md</u>							
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
IMMEDIATE CAUSE (A) <u>General Arteriosclerosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>UNK</u>			
ANTECEDENT CAUSE(S) DUE TO (B)							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)							
19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Feb 19 19 56</u> , to <u>Feb 20 19 56</u> , that I last saw the deceased alive on <u>Feb 19 19 56</u> , and that death occurred at <u>1:48 A.M.</u> from the causes and on the date stated above.							
SIGNATURE <u>Thomas J. Dredge M.D.</u>				DATE SIGNED <u>Feb 20 19 56</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>BURIAL</u>		DATE THEREOF <u>2/22/56</u>		NAME OF CEMETERY OR CREMATORY <u>BETH EL</u>		LOCATION (City, town, or county) (State) <u>CHESAPEAKE CITY MD</u>	
24. REC'D BY REGISTRAR <u>John Hall, R.D.</u>		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE <u>LeCompte Funeral Service</u>		ADDRESS <u>Cambridge Md.</u>	
DATE <u>Feb 20, 1956</u>							

2 2 11/28/17

17

1732 CERTIFICATE OF DEATH

01718

Reg. Dist. No. 176

1. PLACE OF DEATH a. COUNTY <u>Dorchester</u> <u>MARYLAND</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Maryland</u> b. COUNTY <u>Dorchester</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Cambridge</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Cambridge</u>	
c. LENGTH OF STAY IN 1b <u>19 days</u>		d. STREET ADDRESS <u>409 Washington Street</u>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <u>Cambridge Maryland Hospital</u>		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>LEILA</u> Middle <u>RIGGINS</u> Last <u>CREIGHTON</u>		4. DATE OF DEATH Month <u>Feb.</u> Day <u>27</u> Year <u>1956</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb. 23, 1878</u>
9. AGE (In years last birthday) <u>78</u> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Golden Hill, Maryland</u>	
11. BIRTHPLACE (State or foreign country) <u>U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Scott Riggins</u>		14. MOTHER'S MAIDEN NAME <u>Jane Shenton</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>Mr. Emerson Creighton Cambridge, Md.</u>	
17. INFORMANT <u>Mr. Emerson Creighton Cambridge, Md.</u>		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>BRONCHIAL PNEUMONIA</u> <u>01/1x</u> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last: (b) <u>- RESPIRATORY VIRUS INFECTION</u> DUE TO (c) <u>PARALYSIS OF RIGHT VOCAL CORD</u> <u>HEMORRHAGE INTO RIGHT LOBE OF THYROID GLAND</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> <u>2 1/2 weeks</u> <u>2 mon.</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>CORONARY HEART DISEASE WITH HEMIPARESIS DUE TO CEREBRAL HEMORRHAGE</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>HEMORRHAGE</u>	
20c. TIME OF INJURY Month, Day, Year Hour <u>9</u> p. m.		20d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from <u>4-25-51</u> , 19 <u>51</u> , to <u>2-27-56</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>2-27-56</u> , 19 <u>56</u> , and that death occurred at <u>4:30 A.M.</u> , from the causes and on the date stated above.			
ACTUAL SIGNATURE <u>Albert E. Bunker</u>		ADDRESS (Street, city or town, state) DATE SIGNED <u>9 Race St., Cambridge, Md., 2-29-56</u>	
PHYSICIAN'S NAME (Type) <u>ALBERT E. BUNKER, M. D.</u>			
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	22b. DATE THEREOF <u>3/1/56</u>	22c. NAME OF CEMETERY OR CREMATORY <u>Dorchester Memorial Park</u>	22d. LOCATION (City, town, or county) (State) <u>Cambridge Dorchester Md.</u>
23. FUNERAL DIRECTOR'S SIGNATURE <u>LeCompte Funeral Service</u>		ADDRESS <u>Cambridge, Md.</u>	
24a. REC'D BY REGISTRAR <u>March 1, 1956</u>		24b. REGISTRAR'S SIGNATURE <u>John May, M.D.</u>	

MEDICAL CERTIFICATION

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

BUREAU V. R.

MAY 10 1900

10

1743

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01719
Reg. Dist.

No. 116

I. PLACE OF DEATH:

COUNTY Dorchester MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) Lakesville LENGTH OF STAY (in this place) Lifetime

HOSPITAL OR INSTITUTION OR STREET ADDRESS At Home

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Dorchester

CITY (If outside corporate limits write RURAL and give nearest town) Lakesville

STREET ADDRESS Rural (If rural, give location)

3. NAME OF DECEASED: (First) GEORGE (Middle) E. (Last) FOXWELL

4. DATE OF DEATH Feb. 20 1956

5. SEX: Male 6. COLOR OR RACE: White 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed 8. DATE OF BIRTH: Mar. 30, 1879 9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR: Months 0 Days 0 IF UNDER 24 HRS. Hours 0 Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Farmer 10b. KIND OF BUSINESS OR INDUSTRY: Farming 11. BIRTHPLACE (State or foreign country): Lakesville, Md. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward Foxwell 14. MOTHER'S MAIDEN NAME: Sarah Jane Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) 16. SOCIAL SECURITY No.: None 17. INFORMANT & ADDRESS: Henry Foxwell Lakesville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause

(a) DUE TO

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY?

Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY 21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M. 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE

John M. Moore

CHIEF MEDICAL EXAMINER
DEPUTY MEDICAL EXAMINER
ASSISTANT MEDICAL EXAM.

DATE SIGNED

M. D.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF 2/22/56 NAME OF CEMETERY OR CREMATORY Dorchester Memorial Park LOCATION (City, town, or county) (State) Cambridge Dorchester Md.

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE John M. Moore, M.D. 24. FUNERAL DIRECTOR LeCompte Funeral Service ADDRESS Cambridge, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

LEWIS V. S.

FEB 23 1955

RECEIVED

1 **TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01740

1744 CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH COUNTY Dorchester CITY (If outside corporate limits, write RURAL OR and give nearest town) Cambridge TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS Eastern Shore State Hospital				2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Talbot CITY (If outside corporate limits, write RURAL and give nearest town) Highman TOWN STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED (Type or Print) (First) Calvin (Middle) Gibson (Last) Gibson				4. DATE OF DEATH (Month) Feb. (Day) 13 (Year) 1956			
5. SEX M	6. CO. OR OR White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9/26/1882	9. AGE last birthday 73 yrs.	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Builder		10b. KIND OF BUSINESS OR INDUSTRY Carpentry		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Jacob H. Gibson				14. MOTHER'S MAIDEN NAME Julia A. Miller			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or Undk.) (If Yes, give war or dates of service) Undk.		16. SOCIAL SECURITY NO. 218-03-0803		17. INFORMANT & ADDRESS Eastern Shore State Hospital Records			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE (A) Chronic Myocarditis ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (B) STATING UNDERLYING CAUSE LAST. DUE TO (C)				INTERVAL BETWEEN ONSET AND DEATH several yrs.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDIT ON CAUSING DEATH Dementia Praecox, paranoid type				about 18 yrs.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. <input type="checkbox"/> at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Dec. 1, 1951 , to Feb. 13, 1956 , that I last saw the deceased alive on Feb. 12, 1956 , and that death occurred at 2:35 A.M. from the causes and on the date stated above.							
SIGNATURE Robert H. Reddick				ADDRESS (Street, city, town, state) M.D. State Hospital, Cambridge, Md.		DATE SIGNED 2/13/56	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL		DATE THEREOF FEB 15 1956		NAME OF CEMETERY OR CREMATORY NEW CATHEDRAL CEM		LOCATION (City, town, or county) (State) OLD FREDERICK RD. MD	
24. REC'D. BY REGISTRAR Feb. 16, 1956		REGISTRAR'S SIGNATURE John Mace, Jr.		25. FUNERAL DIRECTOR'S SIGNATURE Walter B. B...		ADDRESS 7110 BELAIR RD	

RECEIVED

8 16 1 56

RECEIVED

01721

MARYLAND

STATE DEPARTMENT OF HEALTH

1745 CERTIFICATE OF DEATH

Reg. Dist. No. 100

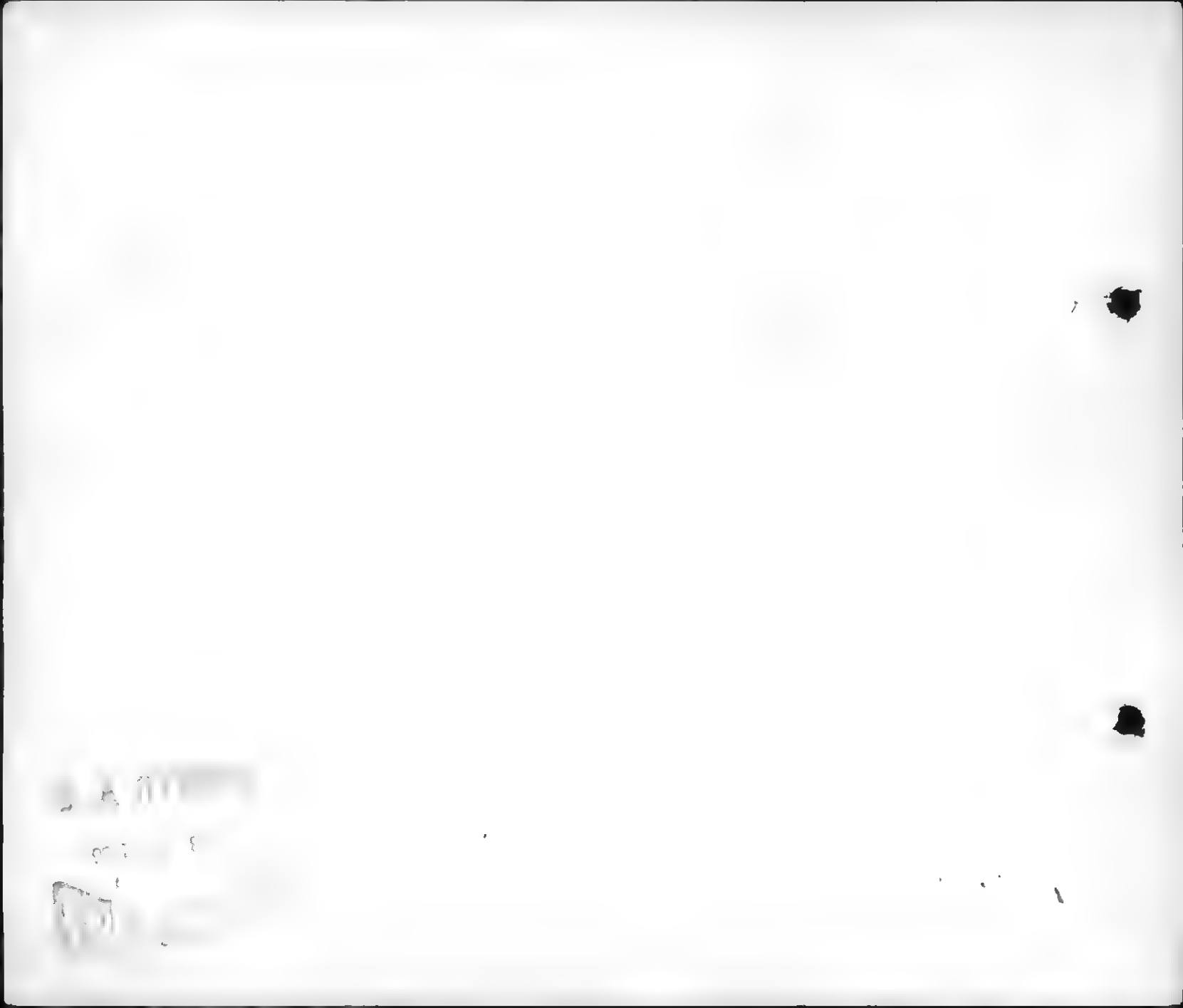
1. PLACE OF DEATH COUNTY <u>Dorchester</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Dor</u>	
CITY If outside corporate limits, write RURAL and give nearest town OR give nearest town TOWN <u>Hurlock</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Hurlock, md.</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) (First) <u>Malcolm</u> (Middle) <u>Carroll</u> (Last) <u>Hastings</u>		4. DATE OF DEATH (Month) <u>2</u> (Day) <u>4</u> (Year) <u>1956</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, <u>Married</u>	8. DATE OF BIRTH <u>12/8/1904</u>
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Store</u>	9. AGE last birthday <u>51</u> yrs. If under 1 year: Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13. FATHER'S NAME <u>Charles W. Hastings</u>		14. MOTHER'S MAIDEN NAME <u>Daisy Mowbray</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)		16. SOCIAL SECURITY No. <u>180-10-2765</u>	
17. INFORMANT AND ADDRESS <u>Mrs Malcolm Hastings</u>			

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION <u>Hurlock, md.</u>	INTERVAL BETWEEN ONSET AND DEATH <u>4 hours</u>
Immediate cause (a)..... <u>Coronary Occlusion</u>			
Antecedent cause(s) (b)..... <u>Coronary Artery Disease</u>			
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c).....			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from <u>1953</u> , 19....., to <u>2/4</u> , 1956 that I last saw the deceased alive on <u>2/4</u> , 1956, and that death occurred at <u>10:00 AM</u> , from the causes and on the date stated above.					
SIGNATURE <u>W. Harrison</u>		(Degree or title) <u>MD</u>		ADDRESS <u>Hurlock, Md.</u>	
23. BURIAL, CREMATION (REMOVAL) (Specify)		DATE <u>2/7/1956</u>		NAME OF CEMETERY OR CREMATORY <u>Washington</u>	
LOCATION (City, town, or county) <u>Hurlock, md</u>		24. FUNERAL DIRECTOR <u>W. S. Hall</u>		ADDRESS <u>1000 1st St. N.E.</u>	
DATE REC'D BY LOCAL REG. <u>2-7-1956</u>		REGISTRAR'S SIGNATURE <u>Charles Hastings</u>			

MARGIN RESERVED FOR BINDING



1733

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH a. COUNTY Dorchester MARYLAND				2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) a. STATE Maryland b. COUNTY Dorchester			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge			
c. LENGTH OF STAY IN lb 26 days				d. STREET ADDRESS 203 Henry Street			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Cambridge Md. Hospital				e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First CHRISTINA Middle L. Last INSLEY				4. DATE OF DEATH Month Feb. Day 26 Year 1956			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 1, 1956		9. AGE (In years last birthday) 0 yrs.		IF UNDER 1 YEAR Months 0 Days 26 Hours 0 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None Infant		10b. KIND OF BUSINESS OR INDUSTRY None-Infant		11. BIRTHPLACE (State or foreign country) Cambridge, Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Edgar Insley				14. MOTHER'S MAIDEN NAME Mary Short			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Mrs. Edgar Insley Cambridge, Md.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Terminal Broncho pneumonia 756.2 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Mania DUE TO (c) Congenital Anomalies of G.I. tract						INTERVAL BETWEEN ONSET AND DEATH 3 days 26 days 26 days	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) (Autopsy - Unreported)						19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour a. 11 p. m. 19				20d. INJURY OCCURRED While <input type="checkbox"/> at work <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 15 Locust Street, Cambridge, Maryland	
20f. (City or town) Cambridge				20g. (County) Dorchester		20h. (State) Maryland	
21. I certify that I attended the deceased from 2-1 , 1956, to 2-26 , 1956, that I last saw the deceased alive on 2-26 , 1956, and that death occurred at 12:57 AM , from the causes and on the date stated above. ADDRESS (Street, city or town, state) 15 Locust Street, Cambridge, Maryland DATE SIGNED Feb 28 1956							
ACTUAL SIGNATURE Eldridge H. Wolff				PHYSICIAN'S NAME (Type) Eldridge H. Wolff, M.D.			
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 2/28/56		22c. NAME OF CEMETERY OR CREMATORY East New Market Cemetery		22d. LOCATION (City, town, or county) (State) East New Market, Maryland	
23. FUNERAL DIRECTOR'S SIGNATURE LeCompte Funeral Service				ADDRESS Cambridge, Md.		24a. REC'D BY REGISTRAR Feb 28 1956	
				24b. REGISTRAR'S SIGNATURE Thos. B. D.			

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital. The attending physician. TO FUNERAL DIRECTOR: After the death certificate has been signed by the attending physician on page 1 and 2 should be filed with page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

BUREAU

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RECEIVED

1746

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <i>Worcester</i>	MARYLAND	STATE <i>md</i>	COUNTY <i>Talbot</i>
CITY (If outside corporate limits, write RURAL OR and give nearest town)	LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>St. Michaels Md</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>Nursing Home, Madison Rd</i>	STREET ADDRESS (If rural give location)		
3. NAME OF DECEASED:		4. DATE (Month) (Day) (Year)	
(First) <i>Sadie</i>	(Middle)	(Last) <i>Jackson</i>	OF DEATH: <i>Feb. 4 1956</i>
5. SEX: <i>Female</i>	6. COLOR OR RACE: <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <i>widowed</i>	8. DATE OF BIRTH: <i>Feb 15- 1871</i>
9. AGE last birthday <i>84 yrs.</i>		IF UNDER 1 YEAR Months Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House wife</i>		10B. KIND OF BUSINESS OR INDUSTRY:	
11. BIRTHPLACE (State or foreign country): <i>St. Michaels Md</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A</i>	
13. FATHER'S NAME: <i>Henry Burrows</i>		14. MOTHER'S MAIDEN NAME: <i>Fannie Sears</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <i>no</i> (If Yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>—</i>	
17. INFORMANT & ADDRESS: <i>Otto Fairbank, St. Michaels Md</i>		18. MEDICAL CERTIFICATION	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (A) <i>Coronary Thrombosis</i>		30 MIN.	
ANTECEDENT CAUSE (S) DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO			
(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21C. WHERE DID (City or town) (County) (State)		21F. HOW DID INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from <i>25 JAN 54</i> to <i>4 Feb. 56</i> , that I last saw the deceased alive on <i>1 Feb. 1956</i> and that death occurred at <i>5:00 A</i> M, from the causes and on the date stated above.			
SIGNATURE <i>Nathl E. Gundy Jr</i>		DATE SIGNED <i>6 Feb. 56</i>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <i>Burial</i>		NAME OF CEMETERY OR CREMATORY <i>Clint Cemetery</i>	
DATE THEREOF <i>2/7/56</i>		LOCATION (City, town, or county) (State) <i>St. Michaels Md</i>	
DATE REC'D BY LOCAL REGISTRAR <i>Feb 6 1956</i>		24. FUNERAL DIRECTOR <i>St. Michaels Md</i>	

MARGIN RESERVED FOR BINDING

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

U. S. A. 200000

JUL 1954

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01724

1734 CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:			2. USUAL RESIDENCE (HOME) OF DECEASED:		
COUNTY <u>Dorchester</u> MARYLAND			STATE <u>Maryland</u> COUNTY <u>Dorchester</u>		
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Cambridge</u>			CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Cambridge</u>		
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Passwaters Conv. Home</u>			STREET ADDRESS (If rural give location) <u>313 West End Ave</u>		
3. NAME OF DECEASED: (First) (Middle) (Last) <u>JOSEPH H. JENKINS</u>			4. DATE (Month) (Day) (Year) OF DEATH <u>2 12 19 56</u>		
5. SEX: <u>Male</u>	6. COLOR OR RACE: <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH: <u>8/7/1876</u>		
9. AGE last birthday <u>79</u> yrs.			10. BIRTHPLACE (State or foreign country): <u>Mathews County, Va.</u>		
11. BIRTHPLACE (State or foreign country): <u>Mathews County, Va.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13. FATHER'S NAME: <u>James Jenkins</u>			14. MOTHER'S MAIDEN NAME: <u>Alice Evans</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>212-16-129</u>		
17. INFORMANT & ADDRESS: <u>Mrs. Elizabeth Jenkins Cambridge, Md.</u>					
18. MEDICAL CERTIFICATION					
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH					
IMMEDIATE CAUSE (A) <u>Central Hemorrhage</u>					
ANTECEDENT CAUSE (B) <u>central arteriosclerosis</u>					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) <u>Senility</u>					
19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>None</u>					
19A. DATE OF OPERATION:			19B. MAJOR FINDINGS OF OPERATION		
<u>0</u>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			21B. PLACE (Home, farm, factory, street, office bldg., etc.)		
<input type="checkbox"/>			<input type="checkbox"/>		
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)					
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		
21F. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>2/12</u> , 19 <u>56</u> , to <u>2/12</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>2/12</u> , 19 <u>56</u> , and that death occurred at <u>3 1/2</u> M, from the causes and on the date stated above.					
SIGNATURE <u>W. B. Banks</u> ADDRESS <u>Cambridge Md</u> DATE SIGNED <u>2/13/56</u>					
M. D. <u>Cambridge Md</u>					
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY	
<u>Burial</u>		<u>2-14-56</u>		<u>Dorchester Memorial Park</u>	
LOCATION (City, town, or county) (State)		<u>Cambridge Dorchester Md.</u>			
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR	
<u>Feb. 14, 1956</u>		<u>John H. Hagg, M. D.</u>		<u>LeCompte Funeral Service</u>	
				<u>Cambridge, Md.</u>	

BUREAU V. S.

FEB 16 1957

RECEIVED

1735

CERTIFICATE OF DEATH

Reg. Dist. No. 112

1. PLACE OF DEATH a. COUNTY <u>Dorchester</u> MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Maryland</u> b. COUNTY <u>Dorchester</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Cambridge</u>				c. LENGTH OF STAY IN 1b <u>2 days</u>			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <u>Cambridge Maryland Hospital</u>				d. STREET ADDRESS <u>Rural</u>			
3. NAME OF DECEASED (Type or print) First <u>PEARL</u> Middle <u>MAY</u> Last <u>RIGGINS</u> <u>JENKINS</u>				4. DATE OF DEATH Month <u>Feb.</u> Day <u>29</u> Year <u>1956</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>8 - 16 - 1900</u>		9. AGE (In years last birthday) <u>55</u> yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Golden Hill, Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>Hicks Riggins</u>				14. MOTHER'S MAIDEN NAME <u>Ada Slacum</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT <u>Mr. Alonza M. Jenkins</u> Address <u>Golden Hill, Md.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Infarction</u> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <u>Coronary Heart Disease</u> DUE TO (c) _____							INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. <u>19</u>			20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from <u>2/26/56</u> to <u>3/2/56</u> , that I last saw the deceased alive on <u>2/29</u> , 19 <u>56</u> , and that death occurred at <u>11:50</u> A.M. from the causes and on the date stated above. ADDRESS (Street, city or town, state) <u>136 Fair St. Cambridge, Md.</u> DATE SIGNED <u>3/2/56</u>							
ACTUAL SIGNATURE <u>Lawrence Maryann</u> M.D.							
PHYSICIAN'S NAME (Type) <u>Lawrence Maryann</u> <u>Cambridge, Md.</u>							
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		22b. DATE THEREOF <u>3/3/56</u>		22c. NAME OF CEMETERY OR CREMATORY <u>Dorchester Memorial Park</u>		22d. LOCATION (City, town, or county) (State) <u>Cambridge Dorchester Md.</u>	
23. FUNERAL DIRECTOR'S SIGNATURE <u>LeCompte Funeral Service</u> ADDRESS <u>Cambridge, Md.</u>				24a. REC'D BY REGISTRAR DATE <u>March 3 '56</u>		24b. REGISTRAR'S SIGNATURE <u>John H. H. H.</u>	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital. The attending physician and completed certificate has been signed by the attending physician and completed. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1747

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

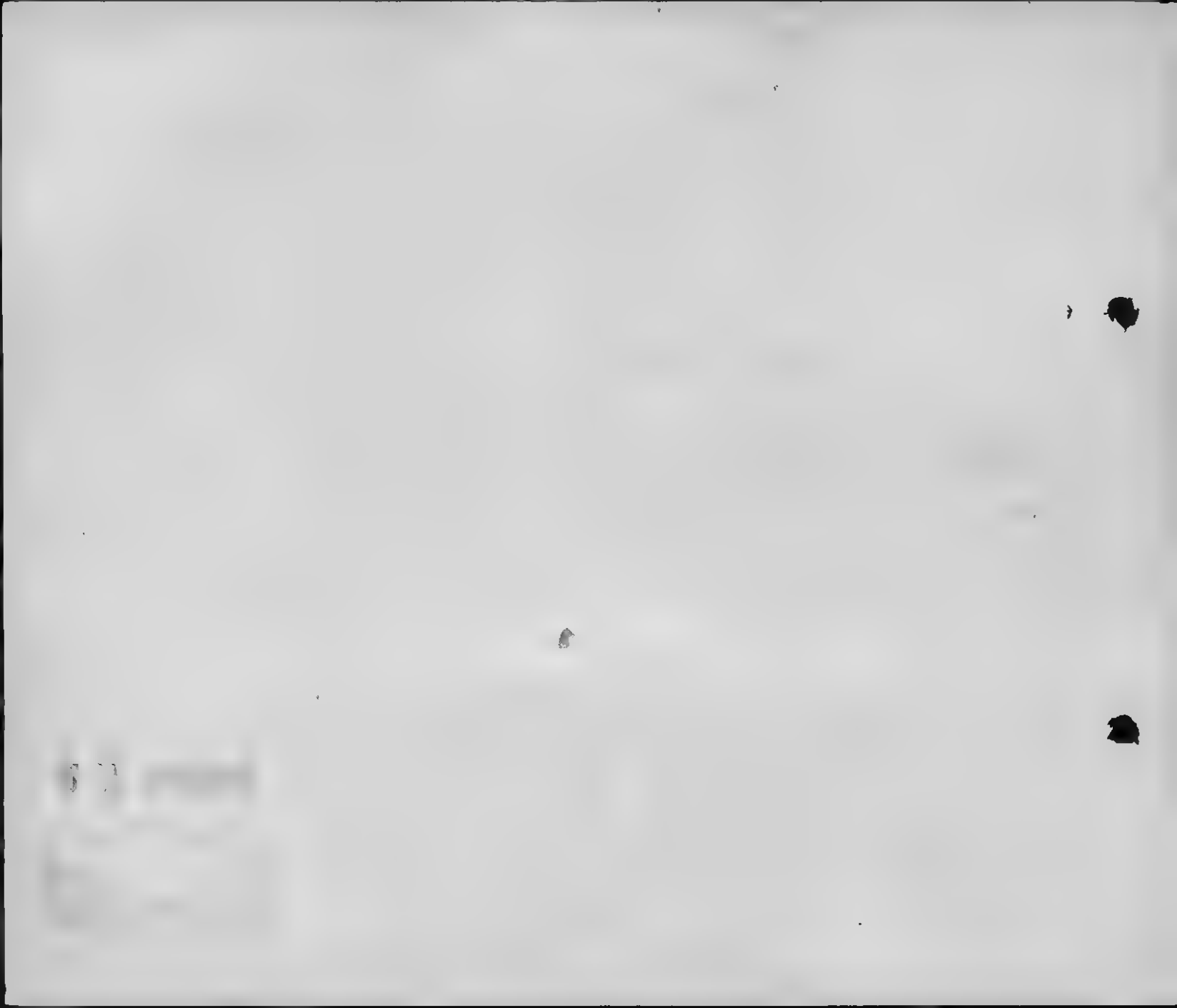
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist.

No. 111

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Dorchester</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Dorchester</u>	
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN <u>Hurlock - Rural</u>		LENGTH OF STAY (in this place) <u>Life</u>		CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN <u>Hurlock - Rural</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Petersburg</u>				STREET ADDRESS (If rural, give location) <u>Petersburg</u>			
3. NAME OF DECEASED: (Type or Print)				4. DATE OF DEATH			
(First) (Middle) (Last) <u>Charles</u> <u>Winfield</u> <u>Jolley</u>				(Month) (Day) (Year) <u>February</u> <u>14</u> <u>1956</u>			
5. SEX: <u>Male</u>		6. COLOR OR RACE: <u>Colored</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>Married</u>		8. DATE OF BIRTH: <u>Jan. 23, 1884</u>	
9. AGE last birthday: <u>72</u> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): <u>Retired Laborer-American Stores</u>		11. BIRTHPLACE (State or foreign country): <u>Dorchester Co. Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME: <u>James Jolley</u>				14. MOTHER'S MAIDEN NAME: <u>Margaret Sampson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <u>No</u>		16. SOCIAL SECURITY No.: <u>216-10-1665</u>		17. INFORMANT & ADDRESS: <u>Catherine E. Jolley, Hurlock, Md., R.F.D.</u>			
18. MEDICAL CERTIFICATION							
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:						INTERVAL BETWEEN ONSET AND DEATH	
Immediate cause (a)..... <u>Coronary occlusion</u> DUE TO Antecedent cause(s) (b)..... Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c).....						<u>1 hr</u>	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION:				19b. MAJOR FINDING OF OPERATION:			
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY		21c. (City or town; (County) (State)			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .							
SIGNATURE <u>John Moore Jr.</u>				CHIEF MEDICAL EXAMINER <input type="checkbox"/> DATE SIGNED DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/> M. D. ASSISTANT MEDICAL EXAM. <input type="checkbox"/> <u>2/15/56</u>			
23. BURIAL, CREMATION, REMOVAL (Specify): <u>Burial</u>		DATE THEREOF <u>Feb. 19, 1956</u>		NAME OF CEMETERY OR CREMATORY <u>Petersburg Cemetery</u>		LOCATION (City, town, or county) (State) <u>Hurlock, Md.; R.F.D.</u>	
DATE REC'D BY LOCAL REG. <u>2-16-1956</u>		REGISTRAR'S SIGNATURE <u>Charles W. Fortney</u>		24. FUNERAL DIRECTOR <u>J.J. Frampton and Son, Federalburg, Md.</u>		ADDRESS	

01726



1736

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <u>Dorchester</u>	MARYLAND	STATE <u>Maryland</u>	COUNTY <u>Dorchester</u>
CITY (If outside corporate limits, write RURAL) OR and give nearest town)	LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR	
TOWN <u>Cambridge</u>	20 Years	TOWN <u>Cambridge</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>AT HOME 217 High Street</u>		STREET ADDRESS (If rural give location) <u>217 High Street</u>	
3. NAME OF DECEASED:		4. DATE OF DEATH:	
(First) <u>MARY</u>	(Middle) <u>LEWIS</u>	(Last) <u>JONES</u>	(Month) <u>2</u> (Day) <u>11</u> (Year) <u>1956</u>
5. SEX: <u>Female</u>	6. COLOR OR RACE: <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): <u>Widow</u>	8. DATE OF BIRTH: <u>3/4/1867</u>
9. AGE last birthday: <u>88</u> yrs.		10. BIRTHPLACE (State or foreign country): <u>Near Vienna, Maryland</u>	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>None</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME: <u>Levin B. Lewis</u>		14. MOTHER'S MAIDEN NAME: <u>Margaret Marshall</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): <u>No</u>		16. SOCIAL SECURITY No. <u>None</u>	
17. INFORMANT & ADDRESS: <u>Addie Lewis 217 High St. Cambridge, Md.</u>			
18. MEDICAL CERTIFICATION			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A) <u>Carcinoma of jaws with metastasis</u>			<u>8 mos.</u>
ANTECEDENT CAUSE (B) DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.			
(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>Arteriosclerotic Ht. Disease</u>			<u>5 yrs</u>
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>1/25</u> <u>1954</u> , to <u>2/11</u> , 1956, that I last saw the deceased alive on <u>2/10</u> , 1956, and that death occurred at <u>2:30</u> A.M., from the causes and on the date stated above.			
SIGNATURE <u>Alfred R. Maryanov</u>		ADDRESS <u>136 Race St. Cambridge</u> DATE SIGNED <u>2/14/56</u>	
M.D. <u>2/13/56</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>2/13/56</u>	
NAME OF CEMETERY OR CREMATORY <u>Antioch Churchyard</u>		LOCATION (City, town, or county) (State) <u>R.F.D. #1 Cambridge, Md.</u>	
DATE REC'D BY LOCAL REGISTRAR <u>Feb. 13, 1956</u>		REGISTRAR'S SIGNATURE <u>John H. D.</u>	
24. FUNERAL DIRECTOR <u>LeCompte Funeral Service</u>		ADDRESS <u>Cambridge, Md.</u>	

MARGIN RESERVED FOR BINDING

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

FEB 16 1951

U. S. AIR FORCE

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INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-53 10M

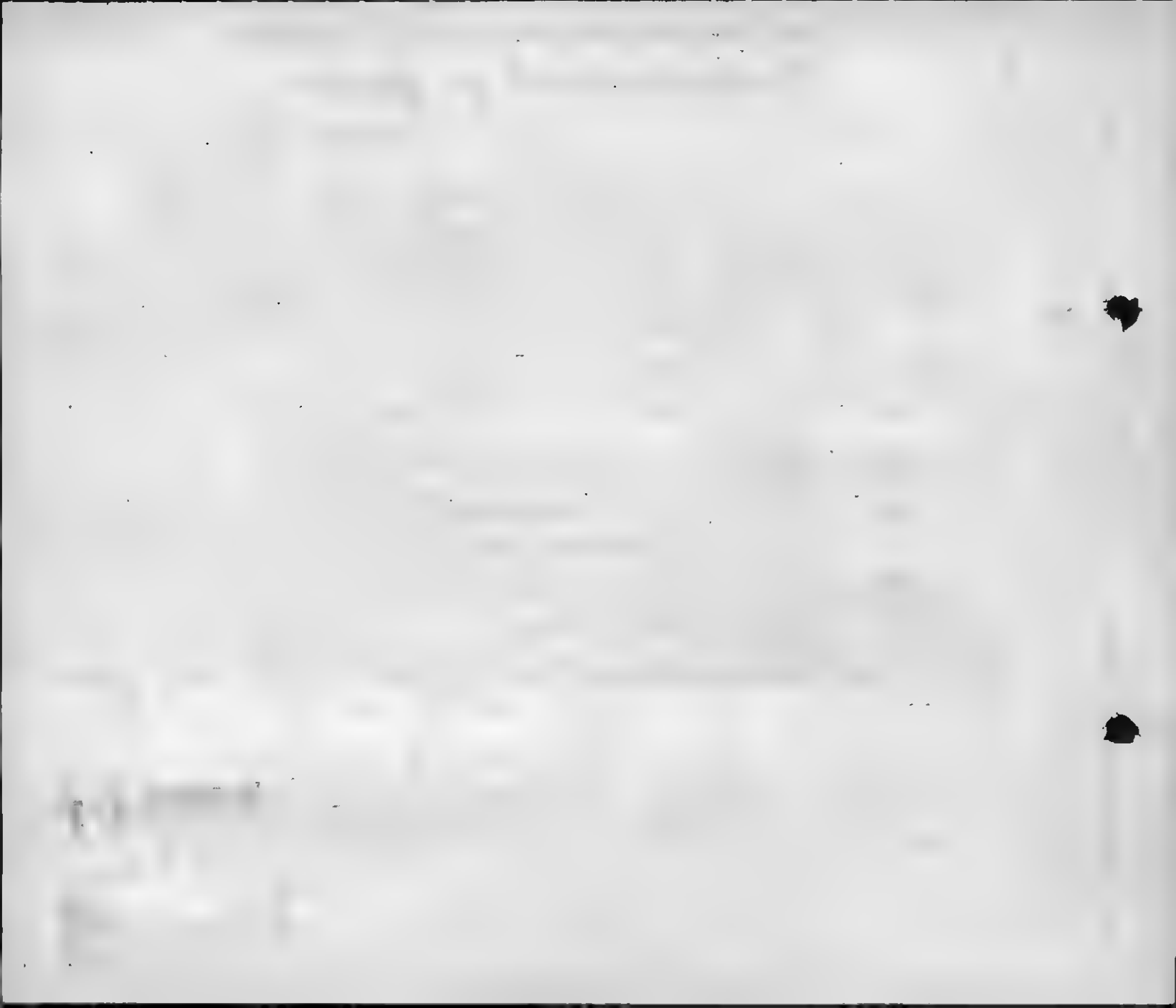
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01729

1737 CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Dorchester</u>		STATE <u>Maryland</u>		COUNTY <u>Dorchester</u>			
CITY OR TOWN <u>Cambridge</u>		LENGTH OF STAY (In this place) <u>30 years</u>		CITY OR TOWN <u>Cambridge</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>18 Muir Street</u>				STREET ADDRESS (If rural give location) <u>18 Muir Street</u>			
3. NAME OF DECEASED (Type or Print) <u>Wilda Virginia Gillis Langford</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 3rd 19 56</u>			
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>4-12-83</u>	9. AGE last birthday <u>72</u> yrs.	IF UNDER 1 YEAR Months <u>--</u> Days <u>--</u>		IF UNDER 24 HRS. Hours <u>--</u> Min. <u>--</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>domestic</u>		11. BIRTHPLACE (State or foreign country) <u>Wicomico County, Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Cassius S. Gillis</u>				14. MOTHER'S MAIDEN NAME <u>Margaret Bennett</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT & ADDRESS <u>Mr. Frank Langford, Cambridge, Maryland</u>			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) <u>Terminal Broncho-pneumonia</u>						<u>24 hours</u>	
ANTECEDENT CAUSE(S) DUE TO (B) <u>Diabetic acidosis</u>						<u>48 hours</u>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C) <u>Diabetes Mellitus</u>						<u>5 years +</u>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>renal disease</u> <u>Hypertensive arterio sclerotic cardio vascular</u>						<u>5 years +</u>	
19a. DATE OF OPERATION <u>-- -- --</u>		19b. MAJOR FINDINGS OF OPERATION <u>-- -- --</u>					
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) <u>-- -- --</u>		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) <u>-- -- --</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>-- -- -- M.</u>		21e. INJURY OCCURRED While <input type="checkbox"/> at work Not while <input type="checkbox"/> at work		21f. HOW DID INJURY OCCUR? <u>-- -- --</u>			
22. I hereby certify that I attended the deceased from <u>2-1-65</u> , 19....., to <u>2-3-56</u> , 19....., that I last saw the deceased alive on <u>2-2-56</u> , 19....., and that death occurred at <u>3:00AM</u> , from the causes and on the date stated above.							
SIGNATURE <u>Edridge H. 1956</u> M.D.				ADDRESS (Street, city, town, state) <u>Cambridge, Maryland</u>		DATE SIGNED <u>2-4-56</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>2-5-56</u>		NAME OF CEMETERY OR CREMATORY <u>Cambridge Cemetery</u>		LOCATION (City, town, or county) (State) <u>Cambridge - Dorchester Md</u>	
24. REC'D BY REGISTRAR <u>Ref 3 1956</u>		REGISTRAR'S SIGNATURE <u>John H. New</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Lo Compto Funeral Service, Cambridge, Md.</u>			



INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1748 **CERTIFICATE OF DEATH**

01730

Reg. Dist. No. 116

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Dorchester</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Dorchester</u>	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)		OR	
TOWN <u>Cambridge, R.D.</u>		<u>50 years</u>		TOWN <u>Cambridge R.D.</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Rural</u>				STREET ADDRESS (If rural give location) <u>Rural</u>			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH (Month) (Day) (Year)			
(First) <u>Pearl</u>		(Middle) <u>Miranda</u>		(Last) <u>Parks</u>		<u>Feb. 15, 1956</u> 19	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH		9. AGE last birthday		IF UNDER 1 YEAR
<u>Female</u>	<u>White</u>	<u>Married</u>	<u>Aug. 28, 1876</u>		<u>79</u> yrs.		IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Somerset County, Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>John Wesley Ford</u>				14. MOTHER'S MAIDEN NAME <u>Unknown</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT & ADDRESS <u>Mrs. R. Hernie Creighton, R.D. 2 Cambridge,</u>			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
IMMEDIATE CAUSE (A) <u>Uremia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>			
ANTECEDENT CAUSE(S) DUE TO (B) <u>Congestive Heart Failure</u>				<u>2 weeks</u>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C) <u>Arterio-sclerotic changes</u>				<u>?</u>			
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>Diabetes mellitus</u>				<u>15 yrs</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (M.)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Feb. 14, 1956</u> to <u>Feb. 15, 1956</u> , that I last saw the deceased alive on <u>Feb. 14, 1956</u> , and that death occurred at <u>4:00 A.M.</u> from the causes and on the date stated above.							
SIGNATURE <u>W. Thompson</u> M.D. <u>Cambridge Md</u>				DATE SIGNED <u>Feb 14, 56</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>Feb. 17, 1956</u>		NAME OF CEMETERY OR CREMATORY <u>Greenlawn Cemetery</u>		LOCATION (City, town, or county) (State) <u>Cambridge, Md.</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE <u>John H. Hall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>R. O. Kennedy</u>		ADDRESS <u>R. O. Kennedy, Cambridge, Md.</u>	
DATE <u>Feb. 17, 1956</u>							

CHURCH A

FEB 21

10

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
 TO FUNERAL DIRECTOR: After the certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

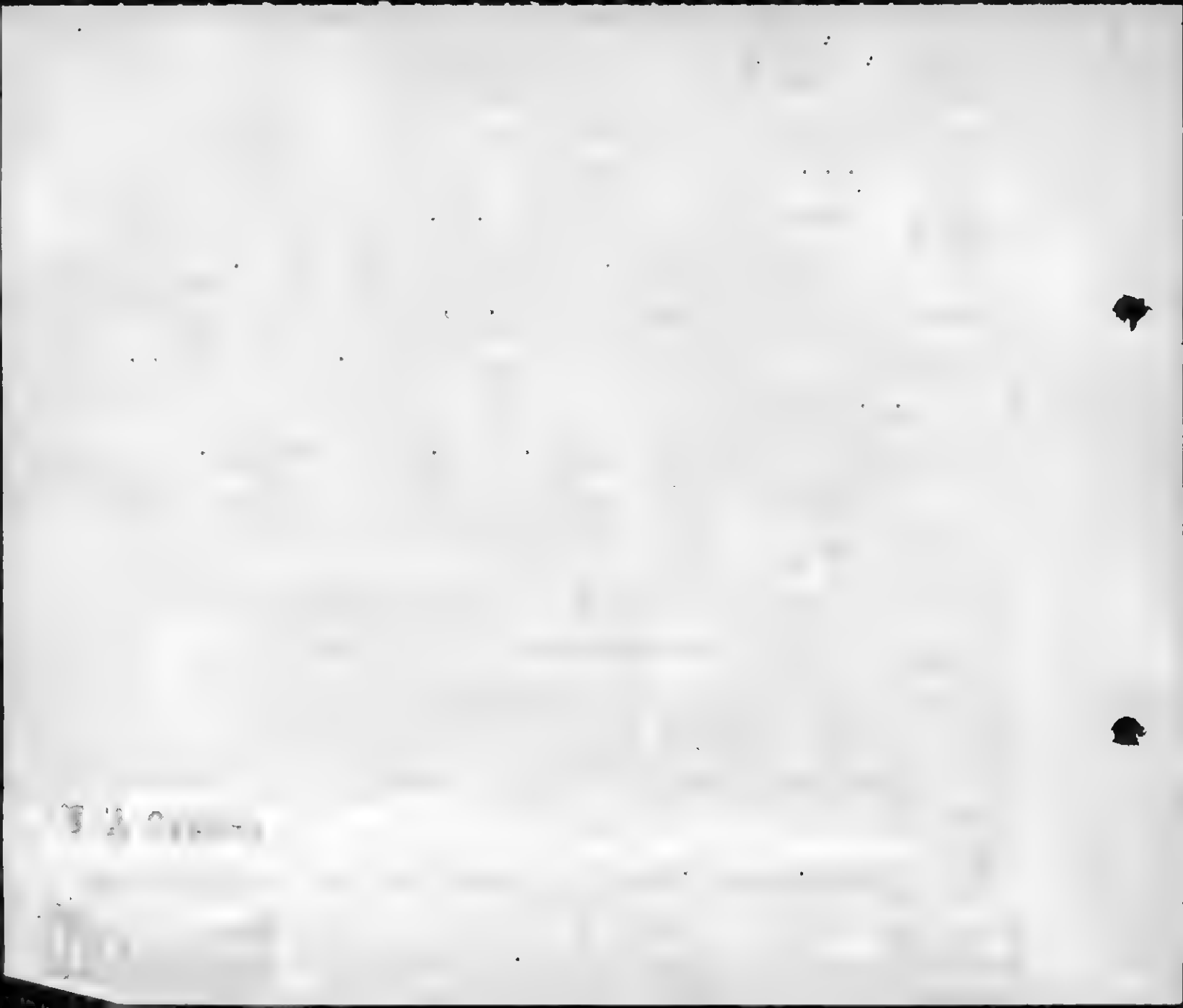
1749

CERTIFICATE OF DEATH

01731

Reg. Dist. No. 116

1. PLACE OF DEATH a. COUNTY <u>Dorchester</u> MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Maryland</u> b. COUNTY <u>Dorchester</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Vienna R.F.D. # 1</u>				c. LENGTH OF STAY IN 1b <u>5 Years</u>			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <u>At Home</u>				e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>NELLIE</u> Middle <u>W.</u> Last <u>READ</u>				4. DATE OF DEATH Month <u>Feb.</u> Day <u>24</u> Year <u>1956</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Nov. 14, 1873</u>		9. AGE (In years last birthday) <u>82</u> yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Household</u>		11. BIRTHPLACE (State or foreign country) <u>Baltimore, Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>John H. C. Brewer</u>				14. MOTHER'S MAIDEN NAME <u>Fannie Cummings</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT Address <u>Mr. Fred W. Walker Vienna, Md.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CORONARY THROMBOSIS</u> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) _____ DUE TO (c) _____						INTERVAL BETWEEN ONSET AND DEATH <u>24 HOURS</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. <u>19</u>				20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	
				20f. (City or town) (County) (State)			
21. I certify that I attended the deceased from <u>MARCH 9, 1951</u> , to <u>FEBRUARY 17, 1956</u> , that I last saw the deceased alive on <u>FEBRUARY 17, 1956</u> , and that death occurred at <u>10:30 A.M.</u> from the causes and on the date stated above. ACTUAL SIGNATURE <u>Walter E. Gunby Jr.</u> ADDRESS (Street, city or town, state) <u>105 Church Street Cambridge Maryland</u> DATE SIGNED <u>24 Feb. 56</u>							
PHYSICIAN'S NAME (Type) <u>Walter E. Gunby Jr.</u> <u>105 Church Street Cambridge Maryland</u>							
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		22b. DATE THEREOF <u>2/27/56</u>		22c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn Cemetery</u>		22d. LOCATION (City, town, or county) (State) <u>Baltimore Maryland</u>	
23. FUNERAL DIRECTOR'S SIGNATURE <u>LeCompte Funeral Service</u>				ADDRESS <u>Cambridge Md.</u>		24a. REC'D BY REGISTRAR DATE <u>Feb 25, 1956</u>	
				24b. REGISTRAR'S SIGNATURE <u>John Thae, R.D.</u>			



01732

MARYLAND

STATE DEPARTMENT OF HEALTH

1750

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH COUNTY <u>Dorchester</u> CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Harlock</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS		MARYLAND LENGTH OF STAY (In this place) <u>4 mo.</u>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Dor</u> CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Cambridge Pt.</u> STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) (First) <u>Peter</u> (Middle) <u>John</u> (Last) <u>Roeder</u>		4. DATE OF DEATH (Month) <u>2</u> (Day) <u>5</u> (Year) <u>1956</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) <u>Single</u>	8. DATE OF BIRTH <u>12/25/1882</u>	9. AGE last birthday <u>73</u> yrs.	10. under 1 year Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Electrician</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self-employed</u>		11. BIRTHPLACE (State or foreign country) <u>Germany</u>	
12. CITIZEN OR WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>John Roeder</u>		14. MOTHER'S MAIDEN NAME <u>Katherine Utech</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT AND ADDRESS <u>Mrs Susanna Kleisch</u>	

18. MEDICAL CERTIFICATION 16X Immediate cause (a).... <u>Carcinoma of lung</u> Antecedent cause(s) (b).... Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c).... 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>1 yr +</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>December 1955</u> to <u>Feb. 5, 1956</u> , that I last saw the deceased alive on <u>2/5, 1956</u> , and that death occurred at <u>12:30P</u> m., from the causes and on the date stated above.					
SIGNATURE <u>W. W. Harrison</u>		(Degree or title) <u>MD</u>		ADDRESS <u>Harlock Md.</u>	
DATE SIGNED <u>2/7/56</u>					
23. BURIAL, CREMATION, or MOVAP (Specify) <u>Burial</u>		DATE <u>2/8/1956</u>		NAME OF CEMETERY OR CREMATORY <u>Dor. Memorial</u>	
LOCATION (City, town, or county) (State) <u>Cambridge, Md.</u>					
DATE REC'D BY LOCAL REG. <u>2-8-1956</u>		REGISTRAR'S SIGNATURE <u>Ernest H. Helling</u>		24. FUNERAL DIRECTOR <u>H.B. Halloway</u>	
ADDRESS <u>East New Market.</u>					

MARGIN RESERVED FOR BINDING

1751

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01733
Reg. Dist.

No. 116.

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY	Dorchester	STATE	Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL OR and give nearest town)	Rhodesdale	CITY (If outside corporate limits write RURAL and give nearest town)	Rhodesdale
HOSPITAL OR INSTITUTION OR STREET ADDRESS	Main Highway	STREET ADDRESS	(If rural, give location) Main Highway
3. NAME OF DECEASED:		4. DATE OF DEATH	
(Type or Print)	(First) Major (Middle) Colonna (Last) Slacum	(Month) Feb. 8, 1956	(Day) 19
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:
Male	White	Widowed	May 13, 1876
9. AGE last birthday:		10. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	
79 yrs.	Retired Contractor self-employed		11. BIRTHPLACE (State or foreign country):
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME:	
U.S.		Levin L. Slacum	
14. MOTHER'S MAIDEN NAME:		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.):	
Dorothy Hubbard		no	
16. SOCIAL SECURITY No.:		17. INFORMANT & ADDRESS:	
none		Charles G. Slacum, Race St., Cambridge, Md.	
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>Leukemia Vascular accident</u>			1
Antecedent cause(s) (b) <u>none</u>			
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c)			
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION:		19b. MAJOR FINDING OF OPERATION:	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	
21c. (City or town) (County) (State)		21d. TIME (Month) (Day) (Year) (Hour) (Minute) OF INJURY	
21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/>			
SIGNATURE <u>John M. Moore Jr.</u>		CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> DATE SIGNED <u>2/10/56</u>	
DEPUTY MEDICAL EXAMINER		ASSISTANT MEDICAL EXAM.	
23. BURIAL, CREMATION, REMOVAL (Specify):		DATE THEREOF	
Burial		Feb. 11, 1956	
NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
Greenlawn Cemetery		Cambridge, Md.	
DATE REC'D BY LOCAL REG.		24. FUNERAL DIRECTOR	
Feb. 10, 1956		Kenneth B. Thomas Cambridge, Md.	



1738

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH a. COUNTY Dorchester MARYLAND				2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) a. STATE Maryland b. COUNTY Dorchester			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge				c. LENGTH OF STAY IN 1b one week			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Cambridge Md. Hospital				d. STREET ADDRESS Rural			
3. NAME OF DECEASED (Type or print) First CHARLES Middle STEWART Last STARK				4. DATE OF DEATH Month Feb. Day 25 Year 1956			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 3/22/1888	9. AGE (In years last birthday) 67 yrs.	IF UNDER 1 YEAR Months Days Hours Min	IF UNDER 24 HRS Hours Min	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plasterer				10b. KIND OF BUSINESS OR INDUSTRY Masonry Const.		11. BIRTHPLACE (State or foreign country) Glasgow, Scotland	
13. FATHER'S NAME George Stark				14. MOTHER'S MAIDEN NAME Jane Milgoley			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes World War I				16. SOCIAL SECURITY NO.		17. INFORMANT Mrs. Hilda K. Stark Woolfords, Md.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Mesenteric thrombosis DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Venous occlusion DUE TO (c) Paralytic ileus						INTERVAL BETWEEN ONSET AND DEATH 2 days 1 days 2 days	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Carcinoma of head of pancreas						19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19				20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	
20f. (City or town)				20g. (County)		20h. (State)	
21. I certify that I attended the deceased from Feb 21, 1956 , to Feb 25, 1956 , that I last saw the deceased alive on Feb 25, 1956 , and that death occurred at 10:25 AM , from the causes and on the date stated above.							
ACTUAL SIGNATURE Lewis M. Burdette				ADDRESS (Street, city or town, state) Hocust St., Cambridge, Md.			
DATE SIGNED 2/25/56							
PHYSICIAN'S NAME (Type) Dr. Lewis M. Burdette				City Office Bldg., Cambridge, Maryland			
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF Feb. 27, 1956		22c. NAME OF CEMETERY OR CREMATORY Dorchester Memorial Pk.		22d. LOCATION (City, town, or county) (State) Cambridge Dorchester Md.	
23. FUNERAL DIRECTOR'S SIGNATURE LeCompte Funeral Service				ADDRESS Cambridge, Maryland		24a. REC'D BY REGISTRAR Feb 27 1956	
				24b. REGISTRAR'S SIGNATURE John H. D.			

MEDICAL CERTIFICATION

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the attending physician. The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the attending physician.

TO FUNERAL DIRECTOR: After the death certificate has been signed by the attending physician and properly filled in by the funeral director, page 3 should be detached and filed as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

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1

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01735

1752

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Dorchester</u>		STATE <u>Maryland</u>		COUNTY <u>Caroline</u>			
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (In this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN <u>Cambridge</u>		<u>6/14/55</u>		TOWN <u>Denton</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Eastern Shore State Hospital</u>				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First) <u>Amanda</u> (Middle) <u>Lee</u> (Last) <u>Thorpe</u>				(Month) <u>Feb.</u> (Day) <u>18</u> (Year) <u>19 56</u>			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		
<u>Female</u>	<u>White</u>	<u>Widowed</u>	<u>6/18/1870</u>	<u>85</u> yrs.	Months	Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?
<u>None</u>					<u>Maryland</u>		<u>U.S.A.</u>
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
<u>William Wooten</u>				<u>Sarah Ann Andrews</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
<u>Unknown</u>		<u>Unknown</u>		<u>Eastern Shore State Hospital Records</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
IMMEDIATE CAUSE (A) <u>Generalized Arteriosclerosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>several years</u>			
ANTECEDENT CAUSE(S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE							
STATING UNDERLYING CAUSE LAST, DUE TO							
(C)							
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				Senile Psychosis			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTINUING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town)		(County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>6/14</u> , 19 <u>56</u> , to <u>2/18</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>2/18</u> , 19 <u>56</u> , and that death occurred at <u>2:08 P.M.</u> from the causes and on the date stated above.							
SIGNATURE <u>Robert H. Reddick</u>				ADDRESS (Street, city, town, state) <u>State Hospital, Cambridge, Md.</u>		DATE SIGNED <u>2/18/56</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>2/21/56</u>		<u>Burrsville</u>		<u>Burrsville, Md.</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
<u>Feb 21, 1956</u>		<u>John H. K. J. E. Bouclair</u>		<u>Greenboro, Md.</u>			

INSTRUCTIONS

1. TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

2. TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been examined by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A19C 1-55 10M

RECEIVED

FEB 27 1900



1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A19C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01736

1753 CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Dorchester</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Wicomico</u>	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN <u>rural-Cambridge</u>				TOWN <u>Salisbury</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Eastern Shore State Hospital</u>				STREET ADDRESS (If rural give location) <u>104 W. Chestnut</u>			
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) <u>Lloyd William Tilghman</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 23 1956</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Wid</u>	8. DATE OF BIRTH <u>June 27, 1896</u>	9. AGE last birthday <u>59</u> yrs.	IF UNDER 1 YEAR		IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>James Tilghman</u>				14. MOTHER'S MAIDEN NAME <u>Nora Reddish</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS <u>Eastern Shore State Hospital records</u>			
18. MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
IMMEDIATE CAUSE (A) <u>Chronic Endocarditis</u>				Unknown			
ANTECEDENT CAUSE(S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE							
STATING UNDERLYING CAUSE LAST. DUE TO (C)							
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED White <input type="checkbox"/> Not while at work <input type="checkbox"/> M. <input type="checkbox"/> at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Aug 15, 1955</u> , to <u>Feb 23, 1956</u> , that I last saw the deceased alive on <u>Feb 23, 1956</u> , and that death occurred at <u>9:00 AM</u> , from the causes and on the date stated above.							
SIGNATURE <u>Thomas S. Dredge</u> M.D.				ADDRESS (Street, city, town, state) <u>E.S.S. Hospital, Cambridge, Md.</u>		DATE SIGNED <u>Feb 23 '56</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>Feb. 26, 1956</u>		NAME OF CEMETERY OR CREMATORY <u>Parsons Cemetery</u>		LOCATION (City, town, or county) (State) <u>Salisbury Md.</u>	
24. REC'D BY REGISTRAR <u>MAR 1 1956</u>		REGISTRAR'S SIGNATURE <u>Dr. John Mace, Jr.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>William J. ...</u>		ADDRESS <u>Salisbury Md.</u>	

EDWARD A. S.

1888

1888

Item 7, Film 6194, 3-23-56 et.
 1739 CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Dorchester</u>		MARYLAND		STATE <u>Maryland</u> COUNTY <u>Dorchester</u>			
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN <u>Cambridge</u>		LENGTH OF STAY (in this place) <u>life</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Cambridge</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>RFD #2</u>				STREET ADDRESS (If rural give location) <u>RFD #2</u>			
3. NAME OF DECEASED: (First) (Middle) (Last) <u>Ernest Henry Whittington</u>				4. DATE (Month) (Day) (Year) OF DEATH: <u>Feb 8 1956</u>			
5. SEX: <u>Male</u>	6. COLOR OR RACE: <u>Negro</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>Married</u>	8. DATE OF BIRTH: <u>April 2, 1877</u>	9. AGE last birthday: <u>78</u> yrs.	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>Blacksmith</u>		10B. KIND OF BUSINESS OR INDUSTRY: <u>Blacksmithing</u>		11. BIRTHPLACE (State or foreign country): <u>Dor-County-Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME: <u>Thomas H. Whittington</u>				14. MOTHER'S MAIDEN NAME: <u>Sarah Ann Eves</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) <u>unk</u>		16. SOCIAL SECURITY NO. <u>unk</u>		17. INFORMANT & ADDRESS: <u>Lela Whittington, RFD #2 Camb., Md.</u>			
18. MEDICAL CERTIFICATION							
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE <u>420.0</u>							
(A) <u>Cardiac Decompensation</u>							
ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.							
(B) <u>Hypertensive Arteriosclerotic heart disease</u>							
(C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION:				19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>							
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OR INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work at work		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Sept</u> , 19 <u>55</u> to <u>Feb 8</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>Feb. 8</u> , 19 <u>56</u> , and that death occurred at <u>M</u> , from the causes and on the date stated above. SIGNATURE <u>J. Edwin Fassett,</u> M.D. <u>227 Pine St-Camb., Md.-2-13-56</u> ADDRESS DATE SIGNED							
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>2-12-56</u>		NAME OF CEMETERY OR CREMATORY <u>Cordtown Cemetery</u>		LOCATION (City, town, or county) (State) <u>Cordtown, Md.</u>	
DATE REC'D BY LOCAL REGISTRAR <u>Feb 12, 1956</u>		REGISTRAR'S SIGNATURE <u>John H. D.</u>		24. FUNERAL DIRECTOR <u>H.M. StClair, Jr</u>		ADDRESS <u>High St-Camb., Md.</u>	

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V.

FEB. 20 1956

RECEIVED

INSTRUCTIONS

1 **TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

2 **TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01739

1754

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Dorchester</u>		STATE <u>Maryland</u>		COUNTY <u>Kent</u>			
CITY (If outside corporate limits, write RURAL or end give nearest town)		LENGTH OF STAY (If place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN <u>Cambridge</u>		<u>since 1/3/35</u>		TOWN <u>Chestertown</u>		<u>14-37-2</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Eastern Shore State Hospital</u>				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH (Month) (Day) (Year)			
<u>Elena Frances Wood</u>				<u>Feb. 6 1956</u>			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	10. IF UNDER 1 YEAR Months Days Hours Min.		
<u>F</u>	<u>White</u>	<u>Single</u>	<u>9/23/15</u>	<u>40</u> yrs.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
<u>None</u>				<u>Maryland</u>		<u>U.S.A.</u>	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
<u>Walter Wood</u>				<u>Leona Meyer</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S ADDRESS			
<u>No</u>		<u>Unknown</u>		<u>Eastern Shore State Hospital Records</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
150X IMMEDIATE CAUSE (A) <u>Carcinoma of Esophagus</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>			
ANTECEDENT CAUSE(S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO							
(C)							
19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>Dementia Praecox, hebephrenic type</u>				20 years			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Dec. 1, 1951, to Feb. 6, 1956, that I last saw the deceased alive on Feb. 6, 1956, and that death occurred at 8:40 P.M. from the causes and on the date stated above.							
SIGNATURE <u>Robert H. Reddick</u>				ADDRESS (Street, city, town, state) <u>M.D. State Hospital, Cambridge, Md.</u>			
DATE SIGNED <u>2/6/56</u>				DATE SIGNED <u>2/6/56</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county)	
<u>BURIAL</u>		<u>2/9/56</u>		<u>CHESTER CEM.</u>		<u>CHESTERTOWN MD</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
<u>Feb 8 1956</u>		<u>J. H. Thayer</u>		<u>W. Willis Wells</u>		<u>Chestertown Md</u>	

CERTIFICATE OF DEATH

Form No. 10

1. Name of deceased

2. Sex

3. Age

4. Date of death

5. Time of death

6. Place of death

7. Cause of death

8. Manner of death

9. Signature of physician

10. Signature of registrar

11. Signature of informant

12. Signature of witness

13. Signature of funeral director

14. Signature of undertaker

15. Signature of cemetery

16. Signature of burial place

17. Signature of interment

18. Signature of record

19. Signature of certificate

20. Signature of death

21. Signature of burial

22. Signature of record

BUREAU V. 2

FEB 9 1950

RECEIVED